NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH***____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,7*
☐ *Partnership - Pages 1,2,5,7*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,7*
☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #48090

Physical Address: 12450 East Arapahoe Road, Suite A1, Centennial, CO 80112

Mailing Address: One CVS Drive, MC #1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 303-799-0093 Fax: 303-790-0633

Toll Free Number: 800-934-0093 (Required per NAC 639.708)

E-mail: statereply@cvscaremark.com Website: _____

Managing Pharmacist: Sherry Heinrichs License Number: 16902

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒ ☐	Retail	☐ ☒	Off-site Cognitive Services
☐ ☒	Hospital (# beds ____)	☒ ☐	Parenteral **
☐ ☒	Internet	☒ ☐	Parenteral (outpatient)
☐ ☒	Nuclear	☒ ☐	Outpatient/Discharge
☐ ☒	Ambulatory Surgery Center	☐ ☒	Mail Service
☐ ☒	Community	☐ ☒	Long Term Care
☐ ☒	Other: _____	☒ ☐	Sterile Compounding **
		☐ ☒	Non Sterile Compounding
	All boxes must be checked	☒ ☐	Mail Service Sterile Compounding **
	For the application to be complete	☐ ☒	Other Services: _____

****If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,**

99665

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Thomas S. Moffatt, Vice President/Secretary

Print Name of Authorized Person

1-18-2018

Date

Board Use Only Date Processed: _____ Amount: $500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-770-6431 Fax: 401-216-0381

Contact Person: Kimberley DeSousa

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A (Coram Alternate Site Services, Inc., owns 100% of membership interest)
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours oncall

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Thomas S. Moffatt

Responsible Person of Coram Alternate Site Services, Inc., dba Coram CVS/specialty infusion service #48090 hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Thomas S. Moffatt, Vice President/Secretary
Print Name of Authorized Person

1-18-2018
Date

N/A

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Colorado)
) ss.
Arapahoe COUNTY)

I, Sherry Heinrichs, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-In-Charge for Coram CVS/specialty infusion service #48090 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Sherry Heinrichs, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

_____
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
___day of _____, 20___.

_____
NOTARY PUBLIC

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ *New Pharmacy* or ☐ ***Ownership Change*** *(Provide current license number if making changes: PH____*
Check box below for type of ownership and complete all required forms.
☐ *Publicly Traded Corporation – Pages 1,2,3,7* ☐ *Partnership - Pages 1,2,5,7*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,7* ☐ *Sole Owner – Pages 1,2,6,7*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: FARMAKEIO

Physical Address: 1736 N. GREENVILLE AVE.

Mailing Address: SAME AS PHYSICAL ADDRESS

City: RICHARDSON State: TX Zip Code: 75081

Telephone: 888-501-0233 Fax: 214-432-8922

Toll Free Number: 888-501-0233 (Required per NAC 639.708)

E-mail: JUSTIN.GRAVES@FARMAKEIO.COM Website: FARMAKEIO.COM

Managing Pharmacist: JUSTIN K. GRAVES License Number: 38797 TX

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds ____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☐	☑ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☑	☐ Sterile Compounding **
		☑	☐ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting,**

100783

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

JUSTIN GRAVES RPh.
Print Name of Authorized Person

3-27-18
Date

Board Use Only Date Processed: _____ Amount: $500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION (LLC)

State of Incorporation: TEXAS

Parent Company if any: NORTH AMERICAN CUSTOM LABORATORIES LLC.

Mailing Address: 1736 N. GREENVILLE AVE

City: RICHARDSON State: TX Zip: 75081

Telephone: 888-501-0233 Fax: 214-432-8922

Contact Person: JUSTIN GRAVES

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) DAN DENEUI (Name) 4505 BOWMAN DR. COLLEYVILLE TX 76034 (Address)

b) MICHAEL COLE (Name) 1025 SOUTHVIEW TRAIL SOUTHLAKE, TX 76092 (Address)

c) JUSTIN GRAVES (Name) 1664 RABBIT RIDGE RD. HEATH, TX 75032 (Address)

d) CODY BOATMAN (Name) 4522 BUCKNELL DR. GARLAND, TX 75042 (Address)

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? $10

4) What date did the corporation actually receive the cash assets? 2-18-15

5) Provide a copy of the corporation's stock register evidencing the above information SEE ATTACHED DOCUMENTATION

List any physician shareholders and percentage of ownership.

Name: NONE %: NA

Name: NA %: NA

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday ON CALL am pm

Sunday ON CALL am pm 24 Hours

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NA

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, JUSTIN KEITH GRAVES

Responsible Person of FARMAKEIO

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

[signature] Pph

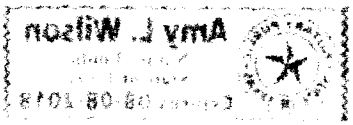
Original Signature of Person Authorized to Submit Application, no copies or stamps

JUSTIN GRAVES

Print Name of Authorized Person

3-27-18

Date



TEXAS STATE BOARD OF PHARMACY

Re:	Farmakeio
Address:	1736 North Greenville Avenue Richardson, Texas 75081
License No.:	29943
Date Issued:	April 16, 2015
Licensure Status:	Active
Expiration Date:	April 30, 2019
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Farmakeio (Texas Pharmacy License #29943) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Megan G. Holloway

Megan G. Holloway
Assistant General Counsel
Texas State Board of Pharmacy

April 26, 2018
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.